

OFFICE OF ATTORNEY GENERAL **Telephone Privacy Section** Government Center South, 5th floor 302 W. Washington Street Indianapolis, IN 46204 www.IndianaConsumer.com

INSTRUCTIONS:

- 1. Please complete a separate complaint form for each fax. If you include more than one fax, the form may be returned to you.
- 2. Items marked with an asterisk "*" indicate information we must have to investigate your complaint.
- 3. Mail your completed form, with the fax, to the address in the upper right-hand corner of this form.
- 4. If you prefer, you may file your complaint on our website, www.IndianaConsumer.com
- 5. If you have any questions you may reach our office at 1.800.382.5516, Monday through Friday, 8:00 am to 5:00 pm (*Eastern Time*).

Your Information							
Salutation	Age Group						
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Mi	ss 🗌 Rev.	□ 18-24	☐ 25-34 ☐	35-44	45-54	55-59 🗌 60+	
*First Name	Middle Name	*Last I	Name			Suffix	
*Street Address							
*City	*State	*Zip C	ode	*County			
Your Company Name (if applicable)			Address Type				
			□Work	Home	☐ Vaca	ation Home	
Daytime Phone	Email Address						
☐ Yes ☐ No May we contact yo	u by email? If ye	s, we will no	t contact you by re	gular mail			
☐ Yes ☐ No Are you or your spouse active military?							
Fax Details							
*Date of Fax *Time of Fax			of Fax Sender				
AM PM							
*Your Telephone Number that received the fax			Do you have Caller ID?				
			☐ Yes ☐ No				
Who is your telephone service provider?		Caller	Caller ID Number (if provided)				
This telephone number is primarily used for			Caller ID Name (if provided)				
	Both						
*What was the product or service being offered, or the subject of the fax?							
☐ Yes ☐ No *Did you retain a copy of the fax to attach to this complaint?							
☐ Yes ☐ No Did you or anyone at your residence or working at your place of business invite or give permission for the							
fax sender to send a fax? If yes, give details in the Additional Comments section							

UNSOLICITED FAX COMPLAINT Page 2 of 2

Fay Dotails	continued			
☐ Yes	□ No	Have you or anyone residing at your residence or working at your place of business made an inquiry, application, purchase or other transaction with the fax sender? If yes, give details in the Additional Comments section.		
☐ Yes	☐ No	Have you or anyone residing at your residence or working at your place of business requested the fax sender not to send faxes? If yes, give details in the Additional Comments section.		
Additional C	Comments			
	d Verification			
Do you co	onsent to disc	closing the following information to the public?		
☐ Yes	☐ No	The nature of the complaint and firm's name		
☐ Yes	☐ No	Your name		
☐ Yes	☐ No	Your phone number		
I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).				
*Your si	gnature	Date		